



ADMN

**Purchase Voucher**

Agency: 529

Health and Human Services Commission

**Voucher Number: 01354184**

USAS Doc Number:

**Payee Name / Address:**

TEXAS PREGNANCY CARE NETWORK  
STE K250  
1101 S CAPITAL OF TEXAS HWY  
WEST LAKE HILLS, TX 78746-6445

TCode: AP-225-STD

Origin: ONL

Payee ID/Check/Mail: 1760802397/8/000

Freight Amount: 0.00

Gross Amount (includes Frt.): 762,500.00

Discount Amt Taken: 0.00


Payment Amount: **762,500.00**

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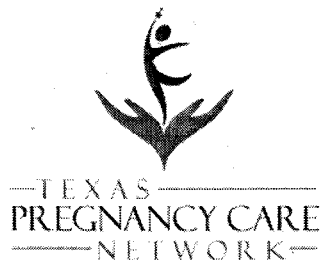
Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	Amount																		
1	00001067130			TPCN-5	Fulfill the terms of contract TPCN-5	762,500.00																		
<u>ShipTo ID</u>																								
1326				<table><tr><td><u>Invoice DT:</u></td><td>12/20/2017</td><td><u>Req'd Pay DT :</u></td><td></td></tr><tr><td><u>Inv Recv'd DT:</u></td><td>02/02/2018</td><td><u>Pay Due DT :</u></td><td>03/30/2018</td></tr><tr><td><u>Service DT</u></td><td>02/28/2018</td><td><u>PO DT:</u></td><td>09/01/2017</td></tr></table>			<u>Invoice DT:</u>	12/20/2017	<u>Req'd Pay DT :</u>		<u>Inv Recv'd DT:</u>	02/02/2018	<u>Pay Due DT :</u>	03/30/2018	<u>Service DT</u>	02/28/2018	<u>PO DT:</u>	09/01/2017						
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<table><tr><td colspan="4">Open Item Key:</td><td colspan="2">Conf: N</td><td colspan="2">Certified Amt:</td><td>0.00</td></tr></table>							Open Item Key:				Conf: N		Certified Amt:		0.00									
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**Descriptive Legal Text (DLT Comments):**

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

		FEB 02 2018		02/02/2018	
Approved By	Approver Phone(Area+Number)	Date Approved	Date Entered into HHSAS		
Approved By	Approver Phone(Area+Number)	Date Approved	Kulkarni,Anjali Entered By		
Contact Name	Contact Phone(Area+Number)				

01351184



## Texas Pregnancy Care Network (TPCN)

## INVOICE

**Billing Office:**

Texas Pregnancy Care Network (TPCN)  
1101 S. Capital of Texas Highway  
Building K, Suite 250  
Austin, TX 78746

**Remittance Address:**

Texas Pregnancy Care Network  
1101 S. Capital of Texas Highway  
Building K, Suite 250  
Austin, TX 78746

**Billing Address:**

Texas Health and Human Services  
Health, Developmental and  
Independence Services  
1100 W. 49<sup>th</sup> Street  
Austin, TX 78756

**Taxpayer ID No.** 76-0802397

Amounts due may be remitted  
by Electronic Funds

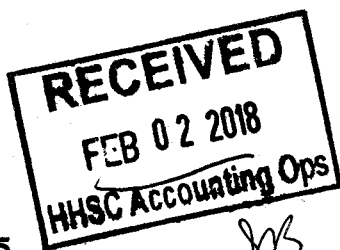
**To:** Business Bank of Texas, N.A.

1910 W. Braker Ln  
Building 3, Suite 100  
Austin, TX 78758

**Routing No.** 114925615

**Account:**

Texas Pregnancy Care Network  
1005126



Invoice Number: TPCN-5

Invoice Date: December 20, 2017

Due Date: January 31, 2017

**For Professional Services Rendered:****RE:**

Contract Number: 529-16-0004-00001B

TPCN is submitting this invoice according to the terms of Section VIII of the Amended Contract between TPCN and HHSC executed on or about August 31, 2017 (attached).

**Payment 5:** Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

**Due Date:** January 31, 2017

\$762,500.00

Amount Due

\$762,500.00

2/28/18 JDS

each month in which Services were provided. Upon HHSC's request, TPCN will provide any additional information to the degree of detail necessary to resolve any review, examination, inquiry, or audit by HHSC or any other responsible authority.

3. Reconciliation

- a. At a minimum, HHSC will perform a quarterly reconciliation of the payments made by HHSC during the HHSC-defined period of review and TPCN's actual expenses for Services performed under the Contract during that time. TPCN shall provide HHSC with any requested documentation regarding TPCN's actual expenditures within two (2) business days from the date HHSC requests such documentation.
- b. In the event TPCN's actual costs are less than the total payments made during the period of review, TPCN shall reimburse HHSC the total amount of overpayment made by HHSC within five (5) business days from the date HHSC notifies TPCN of the overpayment.
- c. In no event shall TPCN be entitled to additional funds if TPCN's actual expenses exceed the amounts paid by HHSC.
- d. This provision does not prevent HHSC from seeking any other remedies expressly provided for in the Contract resulting from overpayments.
- e. This provision will survive the expiration of the Amendment and the Parties will ensure that the not-to-exceed amount of the Amendment is subject to reconciliation."

B. The second paragraph of this section is modified by adding a "B." at the start of the paragraph.

C. The payment schedule contained in the Contract is deleted in its entirety and replaced with the following:

C. Payment Schedule:

Payment No.	Description	Payment Due Date	Amount
1	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	September 30, 2017	\$762,500.00
2	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	October 31, 2017	\$762,500.00
3	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	November 30, 2017	\$762,500.00
4	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	December 31, 2017	\$762,500.00
5	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	January 31, 2018	\$762,500.00

	Outreach, Education & Referral Programs & Services and Client Services		
6	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	February 28, 2018	\$762,500.00

- D. The first paragraph after the payment schedule in the Contract, prior to this Amendment, is modified by adding a "D." at the start of the paragraph.
- F. The last two paragraphs of Section VIII in the Contract, prior to this Amendment, are modified by adding an "E." at the start of the second-to-last paragraph and a "F." at the start of the last paragraph.
6. SECTION X of the Contract, CONTRACT REPRESENTATIVES, is hereby modified by deleting the information pertaining to HHSC and replacing it with the following:

**HHSC**

Anne Basa  
Health and Human Services Commission  
1100 W. 49<sup>th</sup> Street  
Mail Code 0224  
Austin, TX 78751  
Tel: (512) 776-6302  
Email: [Anne.Basa@hhsc.state.tx.us](mailto:Anne.Basa@hhsc.state.tx.us)

7. SECTION XI of the Contract, LEGAL NOTICES, is hereby modified by deleting "Chris Traylor" under the portion pertaining to HHSC and replacing it with "Charles Smith".
8. Except as amended and modified by this Amendment No. 2, all terms and conditions of the Contract, as amended, shall remain in full force and effect.
9. Any further revisions to the Contract shall be by written agreement of the Parties.

**[THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK]**

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	Revision	Page
	Prepaid & Allow	BEST WAY			
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Date	1 - 10/16/2017	1
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Ship To:	1326 - Austin:1100 W 49th St HEALTH & HUMAN SERVICES COMMISSION 1100 W 49th St PO Box 149347 Ste M550 Austin TX 78756 United States	

**Vendor:** 1760802397 8  
TEXAS PREGNANCY CARE NETWORK  
STE K250  
1101 S CAPITAL OF TEXAS HWY  
WEST LAKE HILLS TX 787466445  
United States

**Bill To:** Invoice-HHSC Accounting  
HEALTH & HUMAN SERVICES COMMISSION  
4900 N Lamar Blvd  
Austin TX 78751  
United States

**Fax:** 512/424-6901  
**Email:** HHSC\_AP@hhsc.state.tx.us

**Purchaser:** Marshall,Carol 512/406-2476

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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- a. chap. 531, Chapter 2155.144 TGC, as amended, and any administrative rules adopted thereunder;
- b. 1 T.A.C. Chapt. 391;
- c. General Appropriations Act, Senate Bill 1, 79th Legislature, Reg Session, 2005, Section 50 of the Special Provisions Relating to all Health and Human Services Agencies; and
- d. Any other pertinent provisions of federal or state law.

Contract Manager - Andrea.Costley@hhsc.state.tx.us  
Phone - 512-206-5624  
Final Destination Customer - Andrea.Costley@hhsc.state.tx.us  
Phone - 512-206-5624  
Agency Contact - Beth.Zahn@hhsc.state.tx.us  
Phone - 512-206-5624  
HHSC Purchaser: Carol Marshall, CTPM-carol.marshall2@hhsc.state.tx.us  
Phone: 512-406-2476

Justification/Comments: This contract is for the program and administration of the Alternative to Abortion - a statewide program for females focused on pregnancy support services that promote childbirth.

Contract Number: 529-16-0004-00001  
TIN: 17608023978  
Service Dates: 09/1/2017-02/28/2018

Total contract amount is \$4,575,000.00 - not to exceed \$762,500.00 per month for the months of September 1, 2017- February 28, 2018

SAM  
Debarred  
CMBL  
E-mails  
E-mails

The Original PO was issued with a Temp Vendor Number, as no renewal was submitted as the time HHSAS was closing. Received the renewal, which is attached and a change was made to make this PO the correct vendor.-Carol Marshall.

1-1 948-48 1.00 LOT \$4,575,000.00 \$4,575,000.00 08/31/2018

Fulfill the terms of contract number:  
529-16-0004-00001B. From:09/01/17  
through 02/28/18. For the program  
and administration of the Alternative

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	Revision	Page
	Prepaid & Allow	BEST WAY		1 - 10/16/2017	2
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			HHSTX-8-0000106713		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Ship To: 1326 - Austin: 1100 W 49th St HEALTH & HUMAN SERVICES COMMISSION 1100 W 49th St PO Box 149347 Ste M550 Austin TX 78756 United States		

**Vendor:** 1760802397 8  
TEXAS PREGNANCY CARE NETWORK  
STE K250  
1101 S CAPITAL OF TEXAS HWY  
WEST LAKE HILLS TX 787466445  
United States

**Bill To:** Invoice-HHSC Accounting  
HEALTH & HUMAN SERVICES COMMISSION  
4900 N Lamar Blvd  
Austin TX 78751  
United States

**Fax:** 512/424-6901  
**Email:** HHSC\_AP@hhsc.state.tx.us

**Purchaser:** Marshall, Carol 512/406-2476

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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to Abortion-a statewide program.

**Schedule Total** \$4,575,000.00

**Contract ID:** 529-16-0004-00001

**Contract Line:** 0

**Release:** 1

**Item Total for Line 1** \$4,575,000.00

**Total PO Amount** \$4,575,000.00

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Over shipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Unauthorized